



WHAT'S COVERED – 2017
Women's Way CPT Code Medicare Part B Rate List
Effective January 1, 2017
For questions, call the Women's Way state office at
1.800.280.5512.

- Screening services includes CBE, mammogram, pelvic and Pap test.
- Reimbursement for treatment services is not allowed. (See note on page 6.)
- CPT codes added to the list for 2017 are: 77063 and G0279 and are **bolded**.
- Payment for Ambulatory Surgery Center (ASC) and Hospital Outpatient PPS (OPPS) fees were added for CPT codes: 19000, 19100, 19101, 19120, 19125, 19081, 19083, and 19085 and are bolded.
- The following CPT codes are not reimbursable by *Women's Way*: CPT codes 77061, 77062, and 87623.
- CPT codes 77057, 77055, 77056, 99070 and 99420 were removed from the list.

2017 – The following CPT codes are approved for billing through *Women's Way*.

Description of Services	CPT	\$ Rate
Office Visits		
New patient; history, exam, straightforward decision-making; 10 minutes	99201	43.69
New patient; <i>expanded</i> history, exam, straightforward decision-making; 20 minutes	99202	74.42
New patient; <i>detailed</i> history, exam, straightforward decision-making; 30 minutes	99203	107.02
Consultation visit only; <i>comprehensive</i> history, exam, moderate complexity decision-making; 45 minutes (Consultation billed must meet criteria for this code. This code is not appropriate for <i>Women's Way</i> screening visits.)	99204	162.59
Consultation visit only; <i>comprehensive</i> history, exam, high complexity decision-making; 60 minutes (Consultation billed must meet criteria for this code. This code is not appropriate for <i>Women's Way</i> screening visits.)	99205	204.52
Established patient; evaluation and management, may not require presence of physician; 5 minutes	99211	20.29
Established patient; history, exam, straightforward decision-making; 10 minutes	99212	43.49
Established patient; <i>expanded</i> history, exam, straightforward decision-making; 15 minutes	99213	72.79
Established patient; detailed history exam, moderately complex decision making; 25 minutes	99214	107.12
Established patient; comprehensive history exam, high complex decision making; 40 minutes	99215	107.12
<i>Initial</i> comprehensive preventive medicine evaluation and management; history, examination, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc; 18 to 39 years of age	99385	107.02
<i>Initial</i> comprehensive preventive medicine evaluation and management; same as 99385 but 40 to 64 years of age	99386	107.02
<i>Initial</i> comprehensive preventive medicine evaluation and management; same as 99385 but 65 years and older	99387	107.02
<i>Periodic</i> comprehensive preventive medicine evaluation and management; history, examination, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc; 18 to 39 years of age	99395	72.79
<i>Periodic</i> comprehensive preventive medicine evaluation and management; same as 99395 but 40 to 64 years of age	99396	72.79
<i>Periodic</i> comprehensive preventive medicine evaluation and management; same as 99395 but 65 years and older	99397	72.79

Description of Services	CPT	\$ Rate
Breast Screening		
Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography.	77052	8.24
Technical Component	77052-TC	5.37
Professional Component	77052-26	2.87
Screening mammography, digital, bilateral	G0202	137.36
Technical Component	G0202-TC	100.33
Professional Component	G0202-26	37.03
Screening digital breast tomosynthesis, bilateral	77063	55.86
Technical Component	77063-TC	25.48
Professional Component	77063-26	30.38
Mammary ductogram or galactogram, single duct	77053	59.09
Technical Component	77053-TC	40.75
Professional Component	77053-26	18.34
Magnetic Resonance Imaging, breast, with and/or without contrast, unilateral Breast MRI can be reimbursed by the <i>Women's Way</i> in conjunction with a mammogram when a client has BRCA mutation, a first-degree relative who is a BRCA carrier, or has a lifetime risk of 20-25% or greater as defined by risk assessment models such as BRCAPRO that are largely dependent on family history. Breast MRI can also be used to better assess areas of concern on a mammogram or for evaluation of a client with a past history of breast cancer after completing treatment. Breast MRI cannot be reimbursed for by <i>Women's Way</i> to assess the extent of disease in a woman who is already diagnosed with breast cancer. Breast MRI should never be done alone as a breast cancer screening tool.	77058	508.03
Technical Component	77058-TC	425.87
Professional Component	77058-26	82.16
Magnetic Resonance Imaging, breast, with and/or without contrast, bilateral Same as above in regard when can be reimbursed for.	77059	508.03
Technical Component	77059-TC	425.87
Professional Component	77059-26	82.16
Gadobutrol injection (0.1 ML per unit)	A9585	0.40 per unit
Breast Diagnostics		
Fine needle aspiration; without imaging guidance	10021	121.77
Fine needle aspiration; with imaging guidance	10022	141.44
Puncture aspiration of cyst of breast (surgical procedure only)	19000	113.06
ASC	19000-SG	71.46
OPPS	19000	539.11
Puncture aspiration of cyst of breast, each additional cyst, <i>used with 19000</i>	19001	26.82
Breast biopsy; percutaneous, needle core, not using imaging guidance	19100	148.89
ASC	19100-SG	461.60
OPPS	19100	1236.62
Breast biopsy, open, incisional	19101	336.25
ACS	19101-SG	891.14
OPPS	19101	2,499.48

Description of Services	CPT	\$ Rate
Breast Diagnostics continued		
Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, open, one or more lesions	19120	483.07
ASC	19120-SG	891.14
OPPS	19120	2,499.48
Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	19125	534.57
ASC	19125-SG	891.14
OPPS	19125	2,499.48
Excision of breast lesion identified by preoperative placement of radiological marker; open; each additional lesion separately identified by a pre-operative radiological marker	19126	156.74
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	19081	698.84
❖ ASC	19081-SG	461.60
❖ OPPS	19081	1,236.62
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	19082	578.67
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	19083	678.15
❖ ASC	19083-SG	461.60
❖ OPPS	19083	1,236.62
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	19084	556.54
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	19085	1,032.60
❖ ASC	19085-SG	461.60
❖ OPPS	19085	1,236.62
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	19086	828.06
❖ Placement of breast localization device, percutaneous; mammographic guidance; first lesion	19281	241.83
❖ Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	19282	168.29
❖ Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	19283	272.93
❖ Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	19284	205.84
❖ Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	19285	523.72
❖ Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	19286	457.55
❖ Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	19287	877.17
❖ Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	19288	707.01
Biopsy or excision of lymph node(s); open, superficial; separate procedure	38500	326.44
Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography.	77051	8.24
Technical Component	77051-TC	5.37
Professional Component	77051-26	2.87

Description of Services	CPT	\$ Rate
Breast Diagnostics continued		
Diagnostic mammography, digital, bilateral	G0204	170.05
Technical Component	G0204-TC	121.50
Professional Component	G0204-26	48.55
Diagnostic mammography, digital, unilateral	G0206	133.97
Technical Component	G0206-TC	94.94
Professional Component	G0206-26	39.03
Diagnostic digital breast tomosynthesis, unilateral or bilateral	G0279	55.86
Technical Component	G0279-TC	25.48
Professional Component	G0279-26	30.38
Radiological examination, surgical specimen	76098	16.54
Technical Component	76098-TC	8.45
Professional Component	76098-26	8.09
Ultrasound, complete examination of breast including axilla, unilateral	76641	108.65
Technical Component	76641-TC	71.97
Professional Component	76641-26	36.68
Ultrasound, limited examination of breast including axilla, unilateral	76642	89.27
Technical Component	76642-TC	55.11
Professional Component	76642-26	34.16
Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation	76942	60.72
Technical Component	76942-TC	28.19
Professional Component	76942-26	32.53
Cytopathology, smears, any other source (i.e., nipple discharge on a slide), screening and interpretation	88160	73.25
Technical Component	88160-TC	46.13
Professional Component	88160-26	27.12
Cytopathology, evaluation of fine-needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	88172	57.66
Technical Component	88172-TC	19.94
Professional Component	88172-26	37.72
Cytopathology, evaluation of fine-needle aspirate; interpretation and report	88173	154.94
Technical Component	88173-TC	81.14
Professional Component	88173-26	73.80
Breast biopsy - Surgical pathology, gross and microscopic examination; not requiring microscopic evaluation of surgical margins	88305	69.14
Technical Component	88305-TC	29.63
Professional Component	88305-26	39.51
Breast, excision of lesion - Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	268.91
Technical Component	88307-TC	181.63
Professional Component	88307-26	87.28

Description of Services	CPT	\$ Rate
Cervical Screening		
Cytopathology, cervical or vaginal, any reporting system, requiring interpretation by physician (Use in conjunction with 88142, 88143, 88164, 88174, 88175)	88141	32.69
Cytopathology (Liquid-based Pap test), cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	88142	27.79
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	88143	27.79
Cytopathology (Conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	88164	14.49
Cytopathology (Conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	88165	14.49
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	88174	29.31
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision	88175	36.34
Pap test handling fee	99000	4.80
HPV DNA testing is a reimbursable procedure if used for screening in conjunction with Pap testing or for follow-up of an abnormal Pap result or surveillance as per ASCCP guidelines. It is not reimbursable as a primary screening test for women of all ages or as an adjunctive screening test to the Pap for women under 30 years of age. Providers should specify the high-risk HPV DNA panel only. Reimbursement of screening for low-risk genotypes is not permitted. Reimbursement of Cervista HPV HR will be at the same rate as the Digene Hybrid-Capture 2 HPV DNA Assay.	87624	48.14
HPV DNA, types 16 and 18 only	87625	48.14
Cervical Diagnostics		
Colposcopy without biopsy, (surgical procedure only)	57452	108.00
Colposcopy w/biopsy(s) of cervix &/or endocervical curettage (surgical procedure only)	57454	151.20
Colposcopy with biopsy(s) of the cervix	57455	141.28
Colposcopy with endocervical curettage	57456	133.36
Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	57500	127.48
Colposcopy biopsy, interpretation – surgical pathology, gross & microscopic exam	88305	69.14
Technical Component	88305-TC	29.63
Professional Component	88305-26	39.51
Pathology consultation during surgery (this code should only be used when a pathologist is consulted during surgery)	88329	52.46
<p>A LEEP or conization of the cervix, as a diagnostic procedure, may be reimbursed based on ASCCP recommendations and according to their algorithm on management of women with HSIL. Copies of the ASCCP recommended algorithms for management of women with cervical cytological abnormalities, which includes the algorithm for HSIL, are available from your <i>Women's Way</i> local coordinator.</p> <p>If a LEEP or cold-knife conization of the cervix is needed as a treatment procedure, it cannot be paid for by <i>Women's Way</i>. Refer the <i>Women's Way</i> client to her local coordinator. The local coordinator will determine her eligibility for the Medicaid – <i>Women's Way</i> Treatment Program.</p>		
Colposcopy with loop electrode biopsy(s) of the cervix	57460	281.58
Colposcopy with loop electrode conization of the cervix	57461	318.16
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	57520	304.27
Loop electrode excision procedure	57522	260.81

Description of Services	CPT	\$ Rate
<i>Cervical Diagnostics continued</i>		
Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure). For <i>Women's Way</i> clients 35 years and older who have AGC Pap test results. For <i>Women's Way</i> clients younger than 35 years only if recent abnormal vaginal bleeding is verified.	58100	108.17
Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure). For <i>Women's Way</i> clients 35 years and older who have AGC Pap test results. For <i>Women's Way</i> clients younger than 35 years only if recent abnormal vaginal bleeding is verified.	58110	47.35
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	88342	107.90
Technical Component	88342-TC	70.90
Professional Component	88342-26	37.00
Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	88341	92.08
Technical Component	88341-TC	62.45
Professional Component	88341-26	29.63
<i>Other fees associated with the above procedures may be reimbursable on an outpatient basis</i>		
Anesthesia for procedures on anterior integumentary system of chest, including subcutaneous tissue; not otherwise specified \$64.29 plus \$21.43 for each 15 minutes	00400 ANES	To a Max of 235.73 ← see formula
Endoscopy with biopsy(s) of the cervix and endocervical curettage	57454	151.20
Excision, endocervical curettage (not done as part of a dilation and curettage)	57505	101.48
Surgical pathology, first tissue block, with frozen section(s) single specimen	88331	98.05
Technical Component	88331-TC	32.50
Professional Component	88331-26	65.55
Each additional tissue block with frozen section(s)	88332	53.15
Technical Component	88332-TC	20.65
Professional Component	88332-26	32.50

Fees are based on current Medicare-Part B maximum reimbursement rate.

*Fee based on current North Dakota Medicaid maximum reimbursement rate.

* *Women's Way* will reimburse for a conventional or liquid-based Pap test every three years with Pap test alone, or every five years with a combination of Pap test and HPV testing for women who want to lengthen the screening interval. In the event of an abnormal Pap test, *Women's Way* will reimburse for the follow-up Pap tests.

Note: For a *Women's Way* client who has had at least one screening or diagnostic test paid by *Women's Way*, and has been diagnosed with breast or cervical cancer, or cervical abnormalities requiring treatment, and who has no insurance, contact your *Women's Way* local coordinator at 800.449.6636 or state office at 800.280.5512 to assist her to enroll in a Medicaid Program.

❖ Codes 19081-19086 are to be used for breast biopsies that include image guidance, placement of localization device, and imaging of specimen. These codes should not be used in conjunction with 19281-19288, which are for image guidance placement of localization device without image-guided biopsy. Use one or the other, not both.
The following procedures have been determined as not allowed in the <i>Women's Way</i> screening program: ➤ Any treatment of breast cancer, cervical intraepithelial neoplasia and cervical cancer.